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June 30, 2014

**PUBLIC REFERENCE COPY**

**VIA ELECTRONIC FILING**

Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12th Street, S.W., Room TW-A306  
Washington, DC 20554

**Re: Connect America Fund, WC Docket No. 10-90**

Dear Secretary Dortch:

On behalf of Scott County Telephone Cooperative, Inc. (SAC 190248) (“Scott County Telephone”), please find attached a redacted public version of Scott County Telephone’s FCC Form 481 Carrier Annual Report, filed pursuant to Sections 54.313 and 54.422 of the Commission’s Rules (“Form 481 Report”). The Form 481 Report has been submitted to the Universal Service Administrative Company through its E-File System, and was successfully certified on June 27, 2014. The attached Form 481 Report has been marked “**REDACTED – FOR PUBLIC INSPECTION.**”

Scott County Telephone is also submitting to the Commission, under separate cover, a confidential version of the Form 481 Report. The confidential version is marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

Marlene H. Dortch  
Secretary  
Federal Communications Commission  
June 30, 2014  
Page 2

**PUBLIC REFERENCE COPY**

Please contact the undersigned if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,

A handwritten signature in blue ink, reading "John Cimko", is written over a horizontal line.

John Cimko

Attorney for:  
*Scott County Telephone Cooperative, Inc.*

Attachment

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Daniel E Odom
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2764527224 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	dano@sccc.org

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	54.313 Completion Required	54.422 Completion Required
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*(check box when complete)*

<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<i>(attach descriptive document)</i>		
<320>	Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<i>(attach descriptive document)</i>		
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	<input type="text" value="0.38"/>		
<420>	Mobile	<input type="text" value="0.0"/>		
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	<input type="text" value="0.0"/>		
<450>	Mobile	<input type="text" value="0.0"/>		
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; padding: 2px;">190248va510.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; padding: 2px;">190248va610.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	<input type="radio"/> <input checked="" type="radio"/> <i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<div style="border: 1px solid black; padding: 2px;">190248va1010.pdf</div>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	<input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>		<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>		<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 190248  
 <015> Study Area Name SCOTT COUNTY COOP  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Daniel B Odum  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2764527224 ext.  
 <099> Contact Email Address - Email Address of person identified in data line <030> dano@eccs.org

<110> Has your company received its ETC certification from the FCC?  
 If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?  (yes / no)  (yes / no)

<111>  (yes / no)  (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.


- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.











**(1100) No Terrestrial Backhaul Reporting Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 190248

<015> Study Area Name SCOTT COUNTY COOP

<020> Program Year 2015

<030> Contact Name - Person USAC should contact regarding this data Daniel E. Odum

<035> Contact Telephone Number - Number of person identified in data line <030> 2754527224 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> danofsetc.org

<1120>  Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130>  Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

**(1200) Terms and Condition for Lifeline Customers  
Lifeline  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 190248  
 <015> Study Area Name SCOTT COUNTY COOP  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Daniel E. Odum  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2764527224 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> danod@ctc.org



Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation  
 Data Collection Form  
 Including Rate-of-Return Carriers affiliated with Price-Cap Local Exchange Carriers

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code 190248  
 <015> Study Area Name SCOTT COUNTY COOP  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Pamela B. Odum  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2764527224 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> dano@ctcc.org

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(3))

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification

<2013> 2014 Frozen Support Certification

<2014> 2015 Frozen Support Certification

<2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))  
 Certification Support Used to Build Broadband

<2016>

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd Year Broadband Service Certification

<2018> 5th Year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate of Return Carrier Additional Documentation  
Data Collection Form

FCC Form 431  
OMB Control No. 3058-0086/OMB Control No. 3060-0813  
July 2013

<10> Study Area Code 190248  
 <15> Study Area Name SCOTT COUNTY COOP  
 <20> Program Year 2015  
 <30> Contact Name - Person USAC should contact regarding this data Daniel E. Odom  
 <35> Contact Telephone Number - Number of person identified in data line <30> 276152724 ext.  
 <39> Contact Email Address - Email Address of person identified in data line <30> danod@sc.cox.net

CHECK the boxes below to note compliance on its five year service quality plan pursuant to 47 CFR § 54.202(a) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))
- (3011) Please check this box to confirm that the attached document(s) on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
 

	Name of Attached Document Listing Required Information
--	--
- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(2)(i))
- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
- (3014) If yes, does your company file the RUS annual report
 

	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
--	--
- (3015) Please check these boxes to confirm that the attached document(s) on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:
 

	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
--	--
- (3016) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
- (3017) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
 

	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
--	--
- (3018) If the response is no on line 3014, is your company audited?
 

	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
--	--
- (3019) If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains
 

	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
--	--
- (3020) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications
- (3021) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
 

	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
--	--
- (3022) Management letter issued by the independent certified public accountant that performed the company's financial audit.
 

	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
--	--
- (3023) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:
 

	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
--	--
- (3024) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,
 

	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
--	--
- (3025) Underlying information subjected to a review by an independent certified public accountant
- (3026) Underlying information subjected to an officer certification.
- (3027) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
 

	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
--	--
- (3028) Attach the worksheet listing required information
 

	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
--	--

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt; Study Area Code</b>	190248
<b>&lt;015&gt; Study Area Name</b>	SCOTT COUNTY COOP
<b>&lt;020&gt; Program Year</b>	2015
<b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>	Daniel E Odom
<b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	2764527224 ext.
<b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	dano@sctc.org

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
<b>Name of Reporting Carrier:</b>	SCOTT COUNTY COOP
<b>Signature of Authorized Officer:</b>	CERTIFIED ONLINE <i>Daniel E Odom</i> <span style="float: right;">Date 06/27/2014</span>
<b>Printed name of Authorized Officer:</b>	Daniel Odom
<b>Title or position of Authorized Officer:</b>	CHIEF FINANCIAL OFFICER
<b>Telephone number of Authorized Officer:</b>	2764527224 ext.
<b>Study Area Code of Reporting Carrier:</b>	190248 <span style="float: right;"><b>Filing Due Date for this form:</b> 07/01/2014</span>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	ECC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Daniel E Odum
<035>	Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dano@sctc.org

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**Scott County Telephone Cooperative  
SAC 190248  
Form 481**

**Line 110 – Service Quality Improvement Reporting**

**THIS EXHIBIT IS WITHHELD FROM THE PUBLIC COPY  
AS THE FILER HAS REQUESTED CONFIDENTIAL TREATMENT**

**Scott County Telephone Cooperative  
SAC 190248  
Form 481  
Line 510 – Service Quality Standards and  
Consumer Protection Rules**

190248  
SCOTT COUNTY COOP  
2015  
DANIEL E ODOM  
276-452-7224  
[dano@sctc.org](mailto:dano@sctc.org)

LINE 510 DESCRIPTION OF COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION

Quality Standards:

Scott County Telephone Cooperative follows the Quality of Service guidelines as recommended by the Virginia State Corporation Commission.

Consumer Protection Standards:

Scott County Telephone Cooperative has a policy on Customer Proprietary Network Information (CPNI), Red Flag Rules, Data Security, Fraud or Fraudulent Activities, and Identity Theft Prevention Program. These Policies have been reviewed with the employees, and the employees have been trained on how to apply these policies. Scott County Telephone Cooperative submits its CPNI certifications to the FCC and USAC each year.

**Scott County Telephone Cooperative  
SAC 190248  
Form 481**

**Line 610 – Network Functionality in Emergency Situations**

190248  
SCOTT COUNTY COOP  
2015  
DANIEL E ODOM  
276-452-7224  
[dano@sctc.org](mailto:dano@sctc.org)

LINE 610 DESCRIPTION OF FUNCTIONALITY IN EMERGENCY SITUATIONS

Quality Standards:

There are diverse routes between the remote concentrators which add redundancy to the network. The components of the network are equipped with alarms which alert if there are failures. These alarms are sent out by email and text to the Central Office Technicians that are on-call, the Central Office Supervisor, the Head Engineer, and the Operations Manager. The main central office / tandem has a permanent on-site generator; the largest remote concentrators also have permanent on-site generators. Also, the NOC (Network Operations Center) and the Business Office have permanent on-site generators. All of the concentrators are equipped for portable emergency generators. During a power outage, the technician reports the outage to the respective utility company. The power alarms are monitored by several servers and, upon the DC voltage levels falling below the charge level, the servers send out the emails and text alerts to the technicians. The servers that send out the email and text alerts are also monitored by another server that will send an email and text alerts if any of the monitored servers do not function correctly. The battery level is monitored with response time factored in so that a dispatch can have an emergency generator on site before an outage occurs. The emergency generators automatically cycle with a load once a week. The generators have a Major PM performance on them annually.

**REDACTED - FOR PUBLIC INSPECTION**

**Scott County Telephone Cooperative  
SAC 190248  
Form 481**

**Line 700 – Price Offerings Including Voice Rate Data**



**Scott County Telephone Cooperative  
SAC 190248  
Form 481  
Line 710 – Broadband Price Offerings**



**Scott County Telephone Cooperative  
SAC 190248  
Form 481  
Line 800 – Operating Companies**



**REDACTED - FOR PUBLIC INSPECTION**

**Scott County Telephone Cooperative  
SAC 190248  
Form 481  
Line 1010 – Voice Services Rate Comparability**

190248  
SCOTT COUNTY COOP  
2015  
DANIEL E ODOM  
276-452-7224  
[dano@sctc.org](mailto:dano@sctc.org)

LINE 1010 DESCRIPTION OF VOICE SERVICES RATE COMPARABILITY

Scott County Telephone Cooperative has filed the Rate Floor Data Collection to NECA, who in turn will submit it to USAC. All of Scott County Telephone Cooperative's residential rates are below the \$46.96 amount. The residential local service rate is \$14.00.

**Scott County Telephone Cooperative  
SAC 190248  
Form 481**

**Line 1210 – Terms and Conditions for Lifeline Customers**

190248  
SCOTT COUNTY COOP  
2015  
DANIEL E ODOM  
276-452-7224  
[dano@sctc.org](mailto:dano@sctc.org)

LINE 1200 TERMS AND CONDITIONS FOR LIFELINE CUSTOMERS

Scott County Telephone Cooperative offers discounted service to low-income consumers to help them establish and maintain telephone service. If customers participate in Medicaid and/or Food Stamps, they are eligible. The amount of the discount is the \$6.50 Access Charge, plus an additional \$3.25, for a total of \$9.75 each month. The customers are certified each year.

The plan does not limit the long distance carrier, or the amount of usage the customer is allowed. Long distance charges are the responsibility of the long distance provider.

**Scott County Telephone Cooperative  
SAC 190248  
Form 481**

**Line 3015 – Rate of Return Carrier Additional Documentation**

**THIS EXHIBIT IS WITHHELD FROM THE PUBLIC COPY  
AS THE FILER HAS REQUESTED CONFIDENTIAL TREATMENT**